

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3987</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>KARRIN</u> <u>KAIN</u> P.O. Box, Bldg., Room No., if any <u>#213</u> Street <u>1182 MARKET STREET</u> City <u>SAN FRANCISCO</u> State <u>California</u> ZIP Code + 4 <u>94102</u>	4. Name, file number, and address of labor organization. Name <u>LOCAL 784 I.A.T.S.E. - WARDROBE</u> Labor Organization File Number <u>003-930</u> P.O. Box, Building and Room Number, if any <u>#212</u> Street <u>1182 MARKET STREET</u> City <u>SAN FRANCISCO</u> State <u>California</u> ZIP Code + 4 <u>94102</u>
5. Position in labor organization. <u>VICE PRESIDENT ON EXECUTIVE BOARD</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Karrin Kain

On

7/21/2005

Date

415-861-8489

Telephone Number

Name of Person Filing KARRIN KAIN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="HEALTH & WELFARE TRUST FUND"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text" value="I.A.T.S.E. LOCAL 784 - WARDROBE"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text" value="212"/></p> <p>Street <input style="width: 80%;" type="text" value="1182 MARKET STREET"/></p> <p>City <input style="width: 80%;" type="text" value="SAN FRANCISCO"/></p> <p>State <input style="width: 20%;" type="text" value="California"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="94102"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p>SEE ATTACHED.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount. <input style="width: 100px;" type="text" value="\$9,715"/></p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Name of Person Filing Karrin Kain

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of Business
from Pg. 2:

I.A.T.S.E. Theatrical Wardrobe Union
Local 784
Health & Welfare Trust Fund

12.a. Nature of interest held or income received (con't from Pg. 2):

During calendar year 2004 the person identified in item 3 was the administrator of the jointly administered health fund established under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund") identified in item 8. In that capacity she was paid an hourly wage of \$29.00 and the Fund made contributions on her behalf to the IATSE Annuity Fund, a multiemployer pension fund. The amount shown in 12.b is the aggregate amount paid in wages and to the above-referenced benefit plan on her behalf for calendar year 2004.